

# MHFRC

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## Missouri Health Facilities Review Committee

915G Leslie Blvd., Jefferson City, MO 65101

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## Memorandum to Missouri Health Facilities Review Committee

From: Thomas R. Piper, Director  
Certificate of Need Program

Date: November 12, 2004

Subject: **Expedited Applications, Staff Analyses and Ballots**

Enclosed are the agenda and staff analyses for the following two projects:

- #3639 RS: Beth Haven Residential Care Facility; and
- #3637 NP: Meramec Bluffs Skilled Nursing.

The applicants have met the expedited application information requirements.

Attached to the front of each analysis is a ballot (yellow paper) for you to either approve the application or have it placed on the January 24, 2005, agenda for further review. **Please check one or the other.**

Also attached to each staff analysis is the project application. The application includes any additional information provided by the applicant.

We must receive your ballots by no later than **November 22, 2004**. Please check your preference, sign and date the ballots, place them in the enclosed postage-paid envelope, and mail them back to us. If you believe they will not get back to us by November 22, you can fax them to 573-751-7894.

A third alternative would be to e-mail your votes to us in response to our e-mailed version of this message. *If your votes are e-mailed, your paper copy may be discarded.*

Please call us if you have any questions. Thank you for your attention.

TRP/mh

Enclosures: Agenda  
Ballot, Staff Analysis and Application for Project #3639  
Ballot, Staff Analysis and Application for Project #3637  
Return Envelope

Missouri Health Facilities Review Committee  
**Expedited Applications**  
**for November 22, 2004, Decisions**

**Mail Ballot Agenda**

Filing Date/Reviewer	<b>New Business: Expedited applications</b> <u>Application Project Number &amp; Name/City &amp; County/Cost &amp; Description</u>
09/30/04 (DS)	1. <b>#3639 RS:</b> Beth Haven Residential Care Facility Hannibal (Marion) \$3,359,855, Replace 35-RCF II
10/08/04 (DS)	2. <b>#3637 NP:</b> Meramec Bluffs Skilled Nursing Ballwin (St. Louis County) \$11,867,565, LTC bed expansion of 68 SNF beds

# EXPEDITED APPLICATION BALLOT

**November 12, 2004**

In accordance with your Rules, this ballot should be received in the Certificate of Need Program office by no later than **November 22, 2004**. It may be returned by mail, e-mail or fax. *(If your vote is e-mailed, the paper copy may be discarded.)*

Project Name: **Beth Haven Residential Care Facility**

Project Number: **3639 RS**

Project Cost: **\$3,359,855**

Description: **Replace 35-Bed RCF II**

Applicant(s): **Mennonite Home Association, Inc. (owner/operator)**

(please check either of the following)

☐

Approve the proposal as presented.

☐

I have questions. Please place the proposal on the January 24, 2005, Committee meeting agenda for further discussion.

\_\_\_\_\_  
Signature of «Name»

\_\_\_\_\_  
Date Signed

.....  
mail to: Certificate of Need Program  
915 G Leslie Boulevard  
Jefferson City, MO 65101

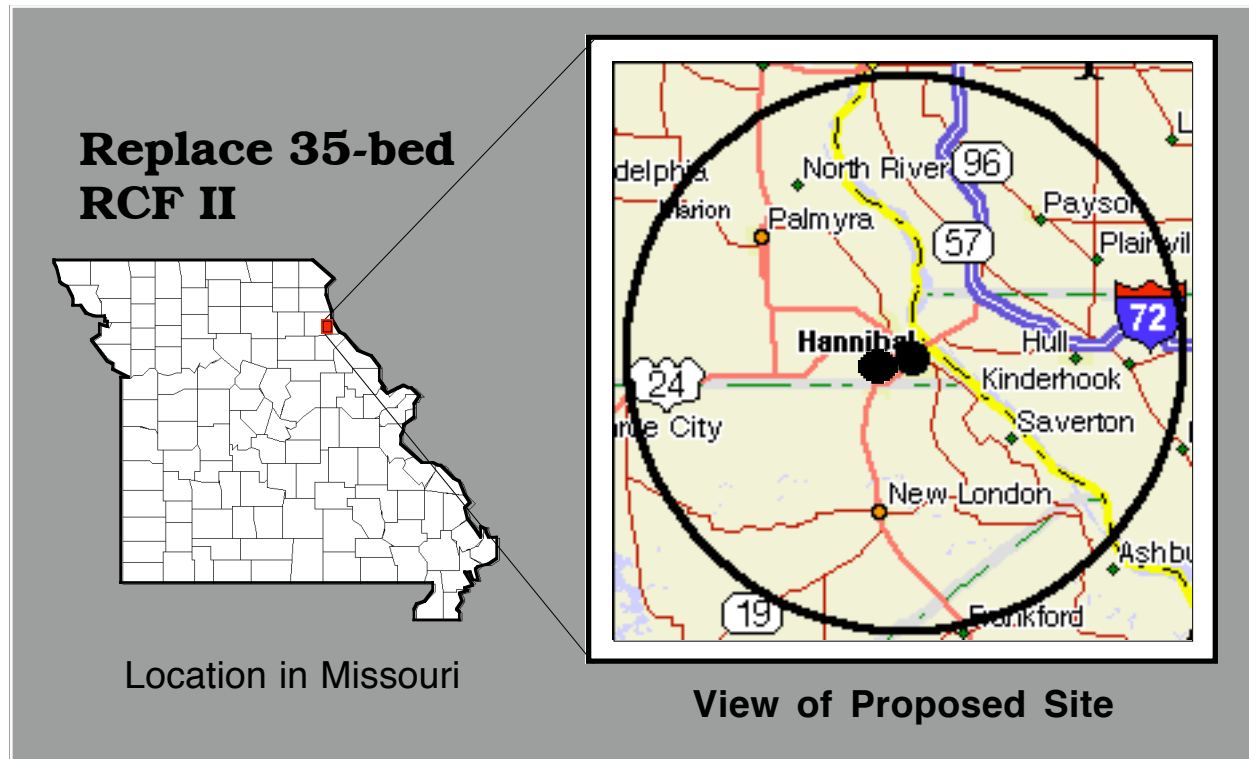
or

fax to: 573-751-7894

or

email to: moconp@mchsi.com (no signature required)

## #3639 RS: Beth-Haven Residential Care



**Applicant:** Mennonite Home Association, Inc. (owner/operator)

**Contact Person:** Paul Ewert, 573-221-6000

**Project Address:** 2501 Pleasant Street  
Hannibal 63401 (Marion County)

**Cost:** \$3,359,855

**Appl. Rec'd:** September 30 2004  
**100 Days Ends:** January 8, 2005 (30-Day Extension: February 7, 2005)

**Summary:** *Based on the following Certificate of Need Rules:*

- Application Summary... 19 CSR 60-50.430(3)..... Documented
- Proposal Description..... 19 CSR 60-50.430(4)..... Documented
- Community Need..... 19 CSR 60-50.450(3)..... Documented

## #3639 RS: Beth-Haven Residential Care

### APPLICATION SUMMARY:

*The application summary was complete.*

1. The Applicant Identification form was complete.
2. The Registered Representative form for the Contact Person was complete.
3. The Proposed Project Budget form was complete.

### PROPOSAL DESCRIPTION:

*The detailed project description was complete.*

1. The applicant proposes to **replace a 35-bed residential care facility (RCF) II, within 6 miles**, pursuant to §197.318.10, RSMo. The 35 RCF II beds are currently located at Beth Haven Residential Care Facility, 2500 Pleasant Street, Hannibal 63401, which is directly across the street from the proposed new site. The new building would have all private rooms and would also include 10 apartments. The cost to construct the apartments is not included in this project. The applicant stated that the vacated space would be used to create single occupancy skilled nursing rooms.
2. Schematic drawings were provided.
3. The building would be 30,200 square feet of new construction.
4. The applicant provided a copy of the General Warranty Deed to document ownership of the project site.

### COMMUNITY NEED CRITERIA AND STANDARDS:

*The applicant documented compliance with the Criteria and Standards for "Long Term Care."*

1. The applicant documented common ownership of both facilities.
2. The applicant documented that the two locations are within the 6-mile limit.

# EXPEDITED APPLICATION BALLOT

**November 12, 2004**

In accordance with your Rules, this ballot should be received in the Certificate of Need Program office by no later than **November 22, 2004**. It may be returned by mail, e-mail or fax. *(If your vote is e-mailed, the paper copy may be discarded.)*

Project Name: **Meramec Bluffs Skilled Nursing**  
Project Number: **3637 NS**  
Project Cost: **\$11,867,565**  
Description: **LTC Bed Expansion of 68 SNF Beds**  
Applicant(s): **Lutheran Senior Services (owner/operator)**

(please check either of the following)

☐

Approve the proposal as presented.

☐

I have questions. Please place the proposal on the January 24, 2005, Committee meeting agenda for further discussion.

\_\_\_\_\_  
Signature of «Name»

\_\_\_\_\_  
Date Signed

.....  
mail to: Certificate of Need Program  
915 G Leslie Boulevard  
Jefferson City, MO 65101

or

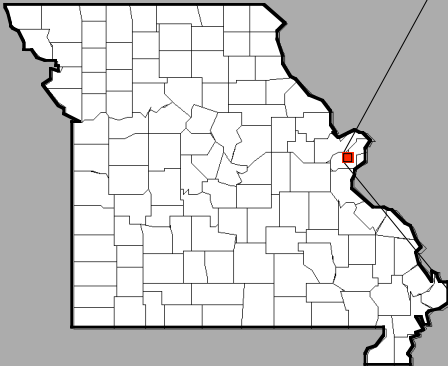
fax to: 573-751-7894

or

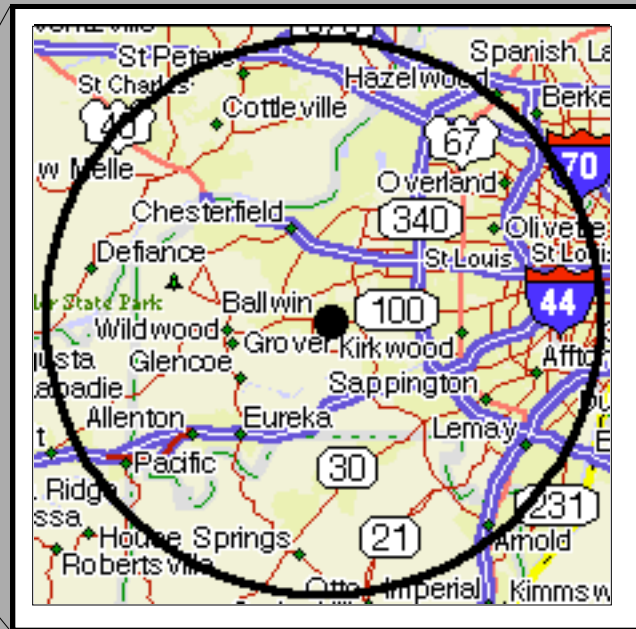
email to: moconp@mchsi.com (no signature required)

## #3637 NP: Meramec Bluffs Skilled Nursing

### LTC Bed Expansion of 68 SNF Beds



Location in Missouri



View of Proposed Site

**Applicant:** Lutheran Senior Services (owner/operator)

**Contact Person:** Joseph V. Kunkemueller, 314-446-2563

**Project Address:** #1 Meramec Bluffs Drive  
Ballwin 63011 (St. Louis County)

**Cost:** \$12,166,272

**Appl. Rec'd:** October 8, 2004  
**100 Days Ends:** January 16, 2005 (30-Day Extension: February 15, 2005)

**Conclusions:** *Based on the following Certificate of Need Rules:*

- Application Summary... 19 CSR 60-50.430(3)..... Documented
- Detailed Description..... 19 CSR 60-50.430(4)..... Documented
- Community Need..... 19 CSR 60-50.450(4)(A).. Documented

## #3637 NP: Meramec Bluffs Skilled Nursing

### APPLICATION SUMMARY:

*The application summary was complete.*

1. The Applicant Identification form was complete.
2. The Registered Representative form for the Contact Person was complete.
3. The Proposed Project Budget form was complete.

### PROPOSAL DESCRIPTION:

*The detailed project description was complete.*

1. The applicant proposes a long term care (LTC) bed expansion through the **purchase of 68 skilled nursing facility (SNF) beds** pursuant to §197.318.8(1), RSMo. The beds would be purchased from Harry S. Truman Restorative Center, 5700 Arsenal Street, St. Louis 63139 (St. Louis City), which is approximately 13 miles away. Meramec Bluffs Skilled Nursing is currently licensed for 20 SNF beds. Upon completion of the project, the facility would be licensed for 88 SNF beds.
2. Schematic drawings were provided by the applicant.
3. A new wing would be constructed to house the existing 20 SNF beds and the additional 68 SNF beds. The total square footage of new construction would be 69,000 square feet. The new wing would include support services and common areas.
4. The applicant documented ownership of the project site.

### COMMUNITY NEED CRITERIA AND STANDARDS:

*The applicant documented compliance with the Criteria and Standards for "Long Term Care."*

1. The LTC Facility Expansion CERTIFICATION from the Division of Senior Services and Regulation confirmed compliance (94.4%) with the minimum occupancy requirement of 90%, and verification of no final Class I patient care deficiencies within the past 18 months when the Letter of Intent was submitted.
2. The applicant provided a copy of the signed PURCHASE AGREEMENT for the additional beds.
3. The applicant provided a copy of the reissued license for Harry S. Truman Restorative Center to document that their license had been reduced.